

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 7-13-05      2 Serial/Patent # 10/500272

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing			\$ 930
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND      \$ 930

8 TO BE REFUNDED BY:

10 REASON:

- ☒ Overpayment
- ☐ Duplicate Payment
- ☐ No Fee Due (Explanation):

Treasury Check

☒ Credit Deposit A/C #:

9 

2	0	--	1	4	3	0
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11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: John Anderson

TITLE: Paralegal Specialist

SIGNATURE: [Signature]

PHONE: 308-9140 ext 211

OFFICE: PCT DO/EO

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*